

A Itrusa Convention Registration

August 6-9, 2009 Indianapolis, Indiana

Please Print or Type

Full Name _____ Name on Badge _____

Street Address _____

City _____ State/County _____ Zip/Postal Code _____

Daytime Telephone () _____ Evening Telephone () _____

E-Mail Address _____

Altrusa International, Inc. of _____ District _____

Emergency Contact Information _____ () ()
Name Relationship Daytime Phone Evening Phone

Please Check - Tell us about yourself.

Delegate Alternate Member Guest International Board Member
 Past International President Past Governor First Convention Yes No
 Gender Female Male Year you became an Altrusan _____ Occupation _____
Prior to retirement
 When were you born? Prior to 1945 1945-1964 1965-1975 After 1975

Registration, Optional Event and Extra Meal Tickets

Description	Fee	Remitting	Meal Tickets	Fee	Remitting
Full Registration	\$360		Please note extra meal tickets should be ordered on this form.		
Thursday, August 6 th Session Only	\$50				
Friday, August 7 th Session Only	\$50		Opening Banquet 8/6/09	\$75	
Saturday, August 8 th Session Only	\$50		Awards Banquet 8/8/09	\$48	
Sunday, August 9 th Session Only	\$50		Foundation Breakfast 8/9/09	\$32	
(Optional Event) Friday, August 7 th Casino Night Dinner and Dance	\$73		Installation Banquet 8/9/09	\$75	
			Total # of Meal Tickets		
Late Fee (Add \$30 if you are replying after July 3, 2009).	\$30		Please add total registration plus total meal tickets for grand total.		
Total Registration Payment		\$	GRAND TOTAL		\$

Special Diet Request _____

Payment Information (All payments must be made in US funds.)

Full payment must accompany your Registration Form. Make all checks payable to Altrusa International, Inc. or provide credit card information below.

Please check one: Check MasterCard Visa American Express Paid On-line

Cardholder's Name: _____ Credit Card # _____

Expiration Date: _____ Cardholder's Signature: _____

Send completed Registration Form (one per person) to:

- Altrusa International, Inc., 332 South Michigan Avenue, Suite 1123, Chicago, Illinois 60604-4305
- Phone: 312/427-4410, Fax: 312/427-8521, e-mail: altrusa@altrusa.com.
- To cancel a registration and receive a refund, the request must be made in writing and postmarked by July 3, 2009. See Page 5 for cancellation policy.